

**MEDICARE COST REPORT**

**TOUCHETTE REGIONAL HOSPITAL, INC.**

**Year ended December 31, 2009**



CPAs and  
Management Consultants  
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Board of Directors  
Touchette Regional Hospital, Inc.

We have compiled the Centers for Medicare and Medicaid Services Complex Cost Report, Form CMS 2552-96 of Touchette Regional Hospital, Inc. for the year ended December 31, 2009 included in the accompanying prescribed form in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The Centers for Medicare and Medicaid Services Complex Cost Report, Form CMS 2552-96 is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

St. Louis, Missouri  
May 28, 2010

*Kerber, Eck + Braeckel LLP*

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2010.02  
05/27/2010 14:31

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED [ ] INITIAL [ ] RE-OPENING  
USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/27/2010  
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 14:31

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY TOUCHETTE REGIONAL HOSPITAL (14-0077) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/27/2010 14:31  
eEVb8tEDXp6gyTuLn:cUz5JNX4EaU0  
5JLQX0Rwcr191mAP6rzK2BEIzAN3NO  
nmKi0AdJR50fUYV.

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/27/2010 14:31  
a72YymGzY0c6cXpkOppUOSOVeK4ka0  
zZ00q03pFWRAhWiGpplDC:aOYJW4LU  
rcdS6Rt78f0HRTci

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B
1 HOSPITAL	2 151991	3 171826
2 SUBPROVIDER I		
3 SWING BED - SNF		
4 SWING BED - NF		
5 SKILLED NURSING FACILITY		
6 NURSING FACILITY		
7 HOME HEALTH AGENCY		
8 OUTPATIENT REHABILITATION PROVIDER		
9 HEALTH CLINIC		
100 TOTAL	151991	171826

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
05/27/2010 10:45

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5900 BOND STREET  
1.01 CITY: CENTREVILLE

STATE: IL

P.O.BOX:  
ZIP CODE: 62207

COUNTY: ST. CLAIR

1  
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6	
2 HOSPITAL	TOUCHETTE REGIONAL HOSPITAL	14-0077	07/01/1966	N P N	2
3 SUBPROVIDER I					3
4 SWING BEDS - SNF					4
5 SWING BEDS - NF					5
6 HOSPITAL-BASED SNF					6
7 HOSPITAL-BASED NF					7
8 HOSPITAL-BASED OLTC					8
9 HOSPITAL-BASED HHA	SOUTHERN ILLINOIS HOME CARE	14-7315	01/01/1996	N P N	9
11 SEPARATELY CERTIFIED ASC					11
12 HOSPITAL-BASED HOSPICE					12
14 HOSP-BASED RHC					14
15 OUTPATIENT REHABILITATION PROVID					15
16 RENAL DIALYSIS					16
17 COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2009	TO: 12/31/2009		17
18 TYPE OF CONTROL		1	2		18
TYPE OF HOSPITAL/SUBPROVIDER					
19 HOSPITAL			1		19
20 SUBPROVIDER I					20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.					21
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES				21.01
21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.					21.02
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N			N 41180	21.03
21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1				21.04
21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1				21.05
21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO				21.06
21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO				21.07
21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.					21.08
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO				22
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO				23
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.01
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.02
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.03
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.04
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					23.05
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.06
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.07
24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.					24
24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.					24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO	25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?	NO	25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO	25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO	25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO	25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.		26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.		28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00 NO	28.03
28.04	RECRUITMENT	0.00 NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00 NO	28.05
28.06	TRAINING	0.00 NO	28.06
28.07	OTHER (SPECIFY)	NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES		40
40.01	NAME: SOUTHERN ILLINOIS HEALTHCARE FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 8080 STATE STREET		P.O.BOX:	40.02
40.03	CITY: EAST ST. LOUIS		STATE: IL ZIP CODE: 62203	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
		COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
		1	2	3	4	5	
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	05/12/2010			63

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
 05/27/2010 10:45

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

				-----I/P DAYS / O/P VISITS / TRIPS-----				
COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL	154	49151			3591		6396	1
2 SWING BED, OBSERV & HOSPICE DAYS								2
3 HMO								3
4 HOSPITAL ADULTS & PEDS -								4
5 SWING BED SNF								5
6 HOSPITAL ADULTS & PEDS -								6
7 SWING BED NF								7
8 TOTAL ADULTS & PEDS	154	49151			3591		6396	8
9 EXCL OBSERVATION BEDS								9
10 INTENSIVE CARE UNIT								10
11 CORONARY CARE UNIT								11
12 BURN INTENSIVE CARE UNIT								12
13 SURGICAL INTENSIVE CARE UNIT								13
14 OTHER SPECIAL CARE (SPECIFY)								14
15 NURSERY							1040	15
16 TOTAL HOSPITAL	154	49151			3591		7436	16
17 RPCH VISITS								17
18 SUBPROVIDER I								18
19 SKILLED NURSING FACILITY								19
20 NURSING FACILITY								20
21 OTHER LONG TERM CARE								21
22 HOME HEALTH AGENCY					5878			22
23 ASC (DISTINCT PART)								23
24 HOSPICE (DISTINCT PART)								24
25 O/P REHAB PROVIDER								25
26 RHC I								26
27 TOTAL	154							27
28 OBSERVATION BED DAYS								28
29 AMBULANCE TRIPS								29
EMPLOYEE DISCOUNT DAYS								
LABOR & DELIVERY DAYS								



VERSION: 2010.02  
05/27/2010 10:45

## WORKSHEET S-3

PART I  
(CONTINUED)

[illegible]

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
 05/27/2010 10:45

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1 HOSPITAL ADULTS & PEDS, EXCL.		756	2113	3995	1	
2 SWING BED, OBSERV & HOSPICE DAYS					2	
3 HMO XIX					3	
4 HOSPITAL ADULTS & PEDS -					4	
5 SWING BED SNF					5	
6 HOSPITAL ADULTS & PEDS -					6	
7 SWING BED NF					7	
8 TOTAL ADULTS & PEDS					8	
9 EXCL OBSERVATION BEDS					9	
10 INTENSIVE CARE UNIT					10	
11 CORONARY CARE UNIT					11	
12 BURN INTENSIVE CARE UNIT					12	
13 SURGICAL INTENSIVE CARE UNIT					13	
14 OTHER SPECIAL CARE (SPECIFY)					14	
15 NURSERY					15	
16 TOTAL HOSPITAL		756	2113	3995	16	
17 RPCH VISITS					17	
18 SUBPROVIDER I					18	
19 SKILLED NURSING FACILITY					19	
20 NURSING FACILITY					20	
21 OTHER LONG TERM CARE					21	
22 HOME HEALTH AGENCY					22	
23 ASC (DISTINCT PART)					23	
24 HOSPICE (DISTINCT PART)					24	
25 O/P REHAB PROVIDER					25	
26 RHC I					26	
27 TOTAL					27	
28 OBSERVATION BED DAYS					28	
AMBULANCE TRIPS						
EMPLOYEE DISCOUNT DAYS						

HOSPITAL WAGE INDEX INFORMATION

HOSPITAL WAGE INDEX INFORMATION			RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	WORKSHEET S-3
PART II - WAGE DATA			OF SALARIES	SALARIES	RELATED	HOURLY WAGE	PART II
	AMOUNT	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	DATA	
	REPORTED	A-6	COL.2)	IN COL.3	COL.4)	SOURCE	
	1	2	3	4	5	6	
1	TOTAL SALARIES	25646532		25646532	1102277.00	23.27	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN - PART A						4
4.01	TEACHING PHYSICIAN SALARIES						4.01
5	PHYSICIAN - PART B	1822950		1822950	20097.00	90.71	5
5.01	NON-PHYSICIAN - PART B						5.01
6	INTERNS & RESIDENTS (IN APPR PGM)						6
6.01	CONTRACT SERVICES, I&R						6.01
7	HOME OFFICE PERSONNEL						7
8	SNF						8
8.01	EXCLUDED AREA SALARIES	1518541		1518541	53970.00	28.14	8.01
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR	1731900		1731900	28789.00	60.16	9
9.01	PHARMACY SERVICES UNDER CONTRACT						9.01
9.02	LABORATORY SERVICES UNDER CONTRACT						9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'						9.03
10	CONTRACT LABOR: PHYSICIAN PART A						10
10.01	TEACHING PHYSICIAN UNDER CONTRACT						10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS						11
12	HOME OFFICE: PHYSICIAN PART A						12
12.01	TEACHING PHYSICIAN SALARIES						12.01
	WAGE-RELATED COSTS						
13	WAGE RELATED COSTS (CORE)	2743315		2743315		CMS 339	13
14	WAGE RELATED COSTS (OTHER)					CMS 339	14
15	EXCLUDED AREAS	186767		186767		CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A					CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B					CMS 339	17
18	PHYSICIAN PART A					CMS 339	18
18.01	PART A TEACHING PHYSICIANS					CMS 339	18.01
19	PHYSICIAN PART B	224206		224206		CMS 339	19
19.01	WAGE RELATED COSTS (RHC/PQHC)						19.01
20	INTERNS & RESIDENTS (IN APPR PGM)					CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	318130		318130	12967.00	24.53	21
22	ADMINISTRATIVE & GENERAL	5700977		5700977	294264.00	19.37	22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT						22.01
23	MAINTENANCE & REPAIRS	454545		454545	23732.00	19.15	23
24	OPERATION OF PLANT						24
25	LAUNDRY & LINEN SERVICE	46663		46663	3843.00	12.14	25
26	HOUSEKEEPING	509760		509760	50962.00	10.00	26
26.01	HOUSEKEEPING UNDER CONTRACT						26.01
27	DIETARY	559057	-407796	151261	10217.00	14.80	27
27.01	DIETARY UNDER CONTRACT		407796	407796	27541.00	14.81	27.01
28	CAFETERIA						28
29	MAINTENANCE OF PERSONNEL						29
30	NURSING ADMINISTRATION	1364506		1364506	47415.00	28.78	30
31	CENTRAL SERVICES AND SUPPLY	138178		138178	9938.00	13.90	31
32	PHARMACY	664497		664497	19441.00	34.18	32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	499967		499967	33187.00	15.07	33
34	SOCIAL SERVICE						34
35	OTHER GENERAL SERVICE						35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1	2	3	4	5		
1 NET SALARIES	23823582		23823582	1082180.00	22.01	1
2 EXCLUDED AREA SALARIES	1518541		1518541	53970.00	28.14	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	22305041		22305041	1028210.00	21.69	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1731900		1731900	28789.00	60.16	4
5 SUBTOTAL WAGE-RELATED COSTS	2743315		2743315		12.30%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	26780256		26780256	1056999.00	25.34	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	10256280		10256280	533507.00	19.22	13

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS						1
2 UNDUPLICATED CENSUS COUNT		178.00		1129.00	1307.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	5.62		5.62	5
6 DIRECT NURSING SERVICE	8.07		8.07	6
7 NURSING SUPERVISOR	3.01		3.01	7
8 PHYSICAL THERAPY SERVICE	1.99		1.99	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.46		.46	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.08		.08	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR	2.87		2.87	15
16 HOME HEALTH AIDE				16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		41180	20

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	2804	260	73	13			3150	21
22	SKILLED NURSING VISIT CHARGES	403776	37440	10512	1872			453600	22
23	PHYSICAL THERAPY VISITS	2120	5	10				2135	23
24	PHYSICAL THERAPY VISIT CHARGES	305280	720	1440				307440	24
25	OCCUPATIONAL THERAPY VISITS	421	5					426	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	60624	720					61344	26
27	SPEECH PATHOLOGY VISITS	70						70	27
28	SPEECH PATHOLOGY VISIT CHARGES	10080						10080	28
29	MEDICAL SOCIAL SERVICE VISITS	92	4	1				97	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	17664	768	192				18624	30
31	HOME HEALTH AIDE VISITS								31
32	HOME HEALTH AIDE VISIT CHARGES								32
33	TOTAL VISITS	5507	274	84	13			5878	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	797424	39648	12144	1872			851088	35
36	TOTAL NUMBER OF EPISODES								36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	9127	627	246	64			10064	38

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	9002914 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9002914 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	39060765 23
24	COST TO CHARGE RATIO	0.474943 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	18551637 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18551637 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		42342	42342	63051	105393	-7424	97969	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		74	74	14699	14773	-1731	13042	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		670092	670092	52646	722738	-112386	610352	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1176569	1176569	60099	1236668	-7077	1229591	4
5	0500 EMPLOYEE BENEFITS	318130	3561630	3879760	-224207	3655553		3655553	5
6	0600 ADMINISTRATIVE & GENERAL	5700977	8717875	14418852	-104376	14314476	-244975	14069501	6
7	0700 MAINTENANCE & REPAIRS	454545	347404	801949		801949	-4612	797337	7
8	0800 OPERATION OF PLANT								8
9	0900 LAUNDRY & LINEN SERVICE	46663	160975	207638		207638		207638	9
10	1000 HOUSEKEEPING	509760	218442	728202		728202		728202	10
11	1100 DIETARY	559057	406110	965167	-704027	261140		261140	11
12	1200 CAFETERIA				704027	704027	-181227	522800	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1364506	147622	1512128		1512128	-30985	1481143	14
15	1500 CENTRAL SERVICES & SUPPLY	138178	144760	282938	-83136	199802		199802	15
16	1600 PHARMACY	664497	2273126	2937623	-2107919	829704	-28581	801123	16
17	1700 MEDICAL RECORDS & LIBRARY	499967	245456	745423		745423	-6414	739009	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	4326258	2419723	6745981	-70	6745911	-780969	5964942	25
33	3300 NURSEY	640973	94016	734989		734989		734989	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	872124	745433	1617557	-212635	1404922		1404922	37
39	3900 DELIVERY ROOM & LABOR ROOM	898305	152986	1051291	-52	1051239		1051239	39
40	4000 ANESTHESIOLOGY		1075375	1075375	-1720	1073655	-1046266	27389	40
41	4100 RADIOLOGY-DIAGNOSTIC	1134354	806781	1941135		1941135		1941135	41
44	4400 LABORATORY	880543	2069298	2949841	-444	2949397		2949397	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	607959	416225	1024184		1024184	-200372	823812	49
50	5000 PHYSICAL THERAPY	548	375011	375559		375559		375559	50
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				298480	298480		298480	55
56	5600 DRUGS CHARGED TO PATIENTS				2107919	2107919		2107919	56
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1369072	2449276	3818348	108988	3927336	-2621108	1306228	60
61	6100 EMERGENCY	3141575	2393184	5534759	114692	5649451	-1981587	3667864	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	1448552	276789	1725341	104	1725445		1725445	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		86119	86119	-86119				88
95	SUBTOTALS	25576543	31472693	57049236		57049236	-7255714	49793522	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	69989	94694	164683		164683		164683	96
98	9800 PHYSICIANS' PRIVATE OFFICES		4043	4043		4043		4043	98
101	TOTAL	25646532	31571430	57217962		57217962	-7255714	49962248	101

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		COST CENTER		INCREASE	SALARY		OTHER
1	2	3	4	5	6	7	8
1	MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		83136	1
2		A	MEDICAL SUPPLIES CHARGED TO P	55		70	2
3		A	MEDICAL SUPPLIES CHARGED TO P	55		212635	3
4		A	MEDICAL SUPPLIES CHARGED TO P	55		52	4
5		A	MEDICAL SUPPLIES CHARGED TO P	55		1720	5
6		A	MEDICAL SUPPLIES CHARGED TO P	55		444	6
7		A	MEDICAL SUPPLIES CHARGED TO P	55		180	7
8		A	MEDICAL SUPPLIES CHARGED TO P	55		347	8
9		A	HOME HEALTH AGENCY	71		104	9
10	DRUGS	B	DRUGS CHARGED TO PATIENTS	56		2107919	10
11	CAFETERIA COSTS - SALARY	C	CAFETERIA	12	407796		11
12	EMERGENCY PHYS FRINGE BENEFITS	D	EMERGENCY	61		115039	12
13	INSURANCE	E	OLD CAP REL COSTS-BLDG & FIXT	1		34547	13
14		E	OLD CAP REL COSTS-MVBLE EQUIP	2		8054	14
15		E	NEW CAP REL COSTS-BLDG & FIXT	3		28846	15
16		E	NEW CAP REL COSTS-MVBLE EQUIP	4		32929	16
17	CLINIC PHYS FRINGE BENEFITS	F	CLINIC	60		109168	17
18	INTEREST	G	OLD CAP REL COSTS-BLDG & FIXT	1		28504	18
19		G	OLD CAP REL COSTS-MVBLE EQUIP	2		6645	19
20		G	NEW CAP REL COSTS-BLDG & FIXT	3		23800	20
21		G	NEW CAP REL COSTS-MVBLE EQUIP	4		27170	21
22	CAFETERIA COSTS-OTHER	H	CAFETERIA	12		296231	22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				407796	3117540	36



RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1		1	6	7	8	9	10
1	MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		83136	1
2		A	ADULTS & PEDIATRICS	25		70	2
3		A	OPERATING ROOM	37		212635	3
4		A	DELIVERY ROOM & LABOR ROOM	39		52	4
5		A	ANESTHESIOLOGY	40		1720	5
6		A	LABORATORY	44		444	6
7		A	CLINIC	60		180	7
8		A	EMERGENCY	61		347	8
9		A	MEDICAL SUPPLIES CHARGED TO P	55		104	9
10	DRUGS	B	PHARMACY	16		2107919	10
11	CAFETERIA COSTS - SALARY	C	DIETARY	11	407796		11
12	EMERGENCY PHYS FRINGE BENEFITS	D	EMPLOYEE BENEFITS	5		115039	12
13	INSURANCE	E	ADMINISTRATIVE & GENERAL	6		34547	12 13
14		E	ADMINISTRATIVE & GENERAL	6		8054	12 14
15		E	ADMINISTRATIVE & GENERAL	6		28846	12 15
16		E	ADMINISTRATIVE & GENERAL	6		32929	12 16
17	CLINIC PHYS FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		109168	17
18	INTEREST	G	INTEREST EXPENSE	88		28504	11 18
19		G	INTEREST EXPENSE	88		6645	11 19
20		G	INTEREST EXPENSE	88		23800	11 20
21		G	INTEREST EXPENSE	88		27170	11 21
22	CAFETERIA COSTS-OTHER	H	DIETARY	11		296231	22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				407796	3117540	36

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3				
1 LAND	57843	496427		496427		554270	1
2 LAND IMPROVEMENTS	104376	378488		378488		482864	2
3 BUILDINGS AND FIXTURES	8240845	12558730		12558730		20799575	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	2164216	3409188		3409188	482858	5090546	6
7 SUBTOTAL	10567280	16842833		16842833	482858	26927255	7
8 RECONCILING ITEMS							8
9 TOTAL	10567280	16842833		16842833	482858	26927255	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3				
1 LAND	1638378					1638378	1
2 LAND IMPROVEMENTS	462575	177367		177367		639942	2
3 BUILDINGS AND FIXTURES	6145917	9808717		9808717		15954634	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	9622114	11191737		11191737		20813851	6
7 SUBTOTAL	17868984	21177821		21177821		39046805	7
8 RECONCILING ITEMS							8
9 TOTAL	17868984	21177821		21177821		39046805	9

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT	21836709		21836709	.330990				1
2	OLD CAP REL COSTS-MVBLE EQUIP	5090546		5090546	.077160				2
3	NEW CAP REL COSTS-BLDG & FIXT	18232954		18232954	.276365				3
4	NEW CAP REL COSTS-MVBLE EQUIP	20813851		20813851	.315485				4
5	TOTAL	65974060		65974060	1.000000				5

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT	42342		28504	34547		-7424	97969 1
2	OLD CAP REL COSTS-MVBLE EQUIP	74		6645	8054		-1731	13042 2
3	NEW CAP REL COSTS-BLDG & FIXT	563905		23800	28846		-6199	610352 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1176569		27170	32929		-7077	1229591 4
5	TOTAL	1782890		86119	104376		-22431	1950954 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT	42342						42342 1
2	OLD CAP REL COSTS-MVBLE EQUIP	74						74 2
3	NEW CAP REL COSTS-BLDG & FIXT	670092						670092 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1176569						1176569 4
5	TOTAL	1889077						1889077 5

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER 3	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	-7424	OLD CAP REL COSTS-BLDG & FIXT	1	14 1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT	B	-1731	OLD CAP REL COSTS-MVBLE EQUIP	2	14 2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-6199	NEW CAP REL COSTS-BLDG & FIXT	3	14 3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-7077	NEW CAP REL COSTS-MVBLE EQUIP	4	14 4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS	A	-1643	ADMINISTRATIVE & GENERAL	6	6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
		A-8-2	-6620607			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST				
		A-8-1	-15942			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-181227	CAFETERIA	12	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-28581	PHARMACY	16	17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-6414	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
		A-8-4				
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
		A-8-4				
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
		A-8-3			89	28
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF		29
29	DEPRECIATION--OLD BUILDINGS & FIXTURES	B		OLD CAP REL COSTS-BLDG & FIXT	1	9 29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-106187	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				35
		WKST A-8-4				
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				36
		WKST A-8-4				
37	MISC INCOME	B	-1903	NURSING ADMINISTRATION	14	37
38						38
39	MISC INCOME	B	-201032	ADMINISTRATIVE & GENERAL	6	39
40	IHA ASSOCIATION DUES	A	-22854	ADMINISTRATIVE & GENERAL	6	40
41						41
42	TOUCHETTE ELDERLY APTS	B	-29082	NURSING ADMINISTRATION	14	42
43	TRANSPORTATION	B	-8116	ADMINISTRATIVE & GENERAL	6	43
44						44
45	ARCHVIEW	B	-9695	CLINIC	60	45
46						46
47						47
48						48
49						49
50	TOTAL		-7255714			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	7	MAINTENANCE & REPAIRS	MAINTENANCE	4612	-4612	1
2	6	ADMINISTRATIVE & GENERAL	SIHF SERVICES	11330	-11330	2
3						3
4						4
5	TOTALS			15942	-15942	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B		SIHF		100.00	NOT FOR PROFIT

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	780969	780969		153400	2080	153400	7670
2	33	NURSERY				153400	2080	153400	7670
3	40	ANESTHESIOLOGY	1046266	1046266		200300	2080	200300	10015
4	41	RADIOLOGY-DIAGNOSTIC				225300	2080	225300	11265
5	44	LABORATORY				215700	2080	215700	10785
6	49	RESPIRATORY THERAPY	200372	200372		177200	2080	177200	8860
7	60	CLINIC	2611413	2611413		177200	2080	177200	8860
8	61	EMERGENCY	2090787	1981587	109200	177200	2080	177200	8860
101		TOTAL	6729807	6620607	109200		16640	1479700	73985

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS	AGGREGATE				153400		780969
2 33	NURSERY	NURSERY				153400		
3 40	ANESTHESIOLOGY	ANESTHESIOLOGY				200300		1046266
4 41	RADIOLOGY-DIAGNOSTIC	XRAY				225300		
5 44	LABORATORY	LABORATORY				215700		
6 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY				177200		200372
7 60	CLINIC	CLINIC				177200		2611413
8 61	EMERGENCY	EMERGENCY				177200		1981587
101	TOTAL					1479700		6620607

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	OLD CAP RE L COSTS-BL DG & FIXT 1	OLD CAP RE L COSTS-MV BLE EQUIP 2	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	EMPLOYEE B ENEFITS 5	SUBTOTAL 5A	ADMINISTRA TIVE & GEN ERAL 6	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT	97969	97969							1
2	OLD CAP REL COSTS-MVBLE EQUIP	13042		13042						2
3	NEW CAP REL COSTS-BLDG & FIXT	610352			610352					3
4	NEW CAP REL COSTS-MVBLE EQUIP	1229591				1229591				4
5	EMPLOYEE BENEFITS	3655553	432	57	2690	5420	3664152			5
6	ADMINISTRATIVE & GENERAL	14069501	27398	3650	170682	343850	888706	15503787	15503787	6
7	MAINTENANCE & REPAIRS	797337	8720	1161	54328	109447	70858	1041851	468757	7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	207638	1790	238	11149	22461	7274	250550	112729	9
10	HOUSEKEEPING	728202	1738	231	10829	21817	79465	842282	378965	10
11	DIETARY	261140	4224	562	26318	53018	23580	368842	165952	11
12	CAFETERIA	522800	1677	223	10445	21042	63571	619758	278846	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1481143	1135	151	7071	14244	212710	1716454	772279	14
15	CENTRAL SERVICES & SUPPLY	199802	833	111	5191	10458	21540	237935	107053	15
16	PHARMACY	801123	1542	205	9607	19354	103587	935418	420870	16
17	MEDICAL RECORDS & LIBRARY	739009	3477	463	21665	43645	77939	886198	398724	17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	5964942	11422	1521	71160	143355	674412	6866812	3089558	25
33	NURSERY	734989	678	90	4223	8508	99920	848408	381722	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	1404922	5786	770	36049	72623	135954	1656104	745126	37
39	DELIVERY ROOM & LABOR ROOM	1051239	3716	495	23154	46644	140035	1265283	569285	39
40	ANESTHESIOLOGY	27389	54	7	334	674		28458	12804	40
41	RADIOLOGY-DIAGNOSTIC	1941135	4078	543	25406	51182	176832	2199176	989469	41
44	LABORATORY	2949397	3110	414	19377	39036	137266	3148600	1416640	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	823812	1909	254	11895	23963	94717	956550	430378	49
50	PHYSICAL THERAPY	375559	993	132	6186	12462	85	395417	177909	50
55	MEDICAL SUPPLIES CHARGED TO PAT	298480						298480	134294	55
56	DRUGS CHARGED TO PATIENTS	2107919						2107919	948410	56
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	1306228	5515	734	34359	69218	75054	1491108	670890	60
61	EMERGENCY	3667864	5284	703	32918	66315	343925	4117009	1852354	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	1725445					225812	1951257	877923	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	49793522	95511	12715	595036	1198736	3653242	49733656	15400937	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	164683	361	48	2249	4531	10910	182782	82239	96
98	PHYSICIANS' PRIVATE OFFICES	4043	2097	279	13067	26324		45810	20611	98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	49962248	97969	13042	610352	1229591	3664152	49962248	15503787	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SEPHARMACY	
		7	9	10	11	12	14	15	16	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS	1510608								7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	44014	407293							9
10	HOUSEKEEPING	42752		1263999						10
11	DIETARY	103895		4890	643579					11
12	CAFETERIA	41233		13166		953003				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	27913		10244		65070	2591960			14
15	CENTRAL SERVICES & SUPPLY	20494		5122		36992		407596		15
16	PHARMACY	37926		5122		36992		1505	1437833	16
17	MEDICAL RECORDS & LIBRARY	85527		5122		52060		82		17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	280920	112223	275076	643579	180860	1188605	77323	8335	25
33	NURSERY	16673	10400			34933	131749	11549	204	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	142312	62397	125500		71944	248887	104270	4583	37
39	DELIVERY ROOM & LABOR ROOM	91404	34665	120378		59594	224917	16456	1110	39
40	ANESTHESIOLOGY	1320		5122		22622		5311	233	40
41	RADIOLOGY-DIAGNOSTIC	100296	41599	72516		51380		8646	43831	41
44	LABORATORY	76496	20799	72516		82896		11989	5948	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	46958	27732	76741		27418		18971	519	49
50	PHYSICAL THERAPY	24420	13867	25580		36992		1507	111	50
55	MEDICAL SUPPLIES CHARGED TO PAT							88305		55
56	DRUGS CHARGED TO PATIENTS								1348877	56
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	135640		112854		151423	230507	2946	2631	60
61	EMERGENCY	129950	83611	303348		29477	567295	54182	20580	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY							4554	871	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	1450143	407293	1233297	643579	940653	2591960	407596	1437833	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	8880		5122		12350				96
98	PHYSICIANS' PRIVATE OFFICES	51585		25580						98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1510608	407293	1263999	643579	953003	2591960	407596	1437833	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02  
 05/27/2010 10:45

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		17	25	26	27	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY	1427713				17
18	SOCIAL SERVICE					18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-(SPECIFY)					24
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	1213558	13936849		13936849	25
33	NURSERY	14283	1449921		1449921	33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		3161123		3161123	37
39	DELIVERY ROOM & LABOR ROOM		2383092		2383092	39
40	ANESTHESIOLOGY		75870		75870	40
41	RADIOLOGY-DIAGNOSTIC		3506913		3506913	41
44	LABORATORY		4835884		4835884	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY		1585267		1585267	49
50	PHYSICAL THERAPY		675803		675803	50
55	MEDICAL SUPPLIES CHARGED TO PAT		521079		521079	55
56	DRUGS CHARGED TO PATIENTS		4405206		4405206	56
	OUTPATIENT SERVICE COST CENTERS					
60	CLINIC		2797999		2797999	60
61	EMERGENCY	199872	7357678		7357678	61
62	OBSERVATION BEDS (NON-DISTINCT					62
63.50	RHC					63.50
63.60	FQHC					63.60
	OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY		2834605		2834605	71
	SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
85.03	ISLET CELL ACQUISITION					85.03
95	SUBTOTALS	1427713	49527289		49527289	95
	NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN		291373		291373	96
98	PHYSICIANS' PRIVATE OFFICES		143586		143586	98
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	TOTAL	1427713	49962248		49962248	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP RE L COSTS-BL DG & FIXT 1	OLD CAP RE L COSTS-MV BLE EQUIP 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE B ENEFITS 5	ADMINISTRA TIVE & GEN ERAL 6	MAINTENANC E & REPAIR S 7	LAUNDRY & LINEN SERV ICE 9
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		432	57	489	489			5
6	ADMINISTRATIVE & GENERAL	27398		3650	31048	116	31164		6
7	MAINTENANCE & REPAIRS	8720		1161	9881	10	942	10833	7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE		1790	238	2028	1	226	316	2571 9
10	HOUSEKEEPING		1738	231	1969	11	761	307	10
11	DIETARY		4224	562	4786	3	333	745	11
12	CAFETERIA		1677	223	1900	9	560	296	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		1135	151	1286	29	1552	200	14
15	CENTRAL SERVICES & SUPPLY		833	111	944	3	215	147	15
16	PHARMACY		1542	205	1747	14	846	272	16
17	MEDICAL RECORDS & LIBRARY		3477	463	3940	10	801	613	17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		11422	1521	12943	91	6222	2013	707 25
33	NURSERY		678	90	768	13	767	120	66 33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		5786	770	6556	18	1497	1021	394 37
39	DELIVERY ROOM & LABOR ROOM		3716	495	4211	19	1144	655	219 39
40	ANESTHESIOLOGY		54	7	61		26	9	40
41	RADIOLOGY-DIAGNOSTIC		4078	543	4621	24	1988	719	263 41
44	LABORATORY		3110	414	3524	18	2846	549	131 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		1909	254	2163	13	865	337	175 49
50	PHYSICAL THERAPY		993	132	1125		357	175	88 50
55	MEDICAL SUPPLIES CHARGED TO PAT						270		55
56	DRUGS CHARGED TO PATIENTS						1906		56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		5515	734	6249	10	1348	973	60
61	EMERGENCY		5284	703	5987	46	3722	932	528 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY					30	1764		71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS		95511	12715	108226	488	30958	10399	2571 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		361	48	409	1	165	64	96
98	PHYSICIANS' PRIVATE OFFICES		2097	279	2376		41	370	98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL		97969	13042	111011	489	31164	10833	2571 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SE PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		10	11	12	14	15	16	17	25	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	3048								10
11	DIETARY	12	5879							11
12	CAFETERIA	32		2797						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	25		191	3283					14
15	CENTRAL SERVICES & SUPPLY	12		109		1430				15
16	PHARMACY	12		109		5	3005			16
17	MEDICAL RECORDS & LIBRARY	12		153				5529		17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	663	5879	530	1505	271	17	4700	35541	25
33	NURSERY			103	167	41		55	2100	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	303		211	315	366	10		10691	37
39	DELIVERY ROOM & LABOR ROOM	290		175	285	58	2		7058	39
40	ANESTHESIOLOGY	12		66		19			193	40
41	RADIOLOGY-DIAGNOSTIC	175		151		30	92		8063	41
44	LABORATORY	175		243		42	12		7540	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	185		80		67	1		3886	49
50	PHYSICAL THERAPY	62		109		5			1921	50
55	MEDICAL SUPPLIES CHARGED TO PAT					310			580	55
56	DRUGS CHARGED TO PATIENTS						2821		4727	56
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	272		444	292	10	5		9603	60
61	EMERGENCY	732		87	719	190	43	774	13760	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY					16	2		1812	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	2974	5879	2761	3283	1430	3005	5529	107475	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	12		36					687	96
98	PHYSICIANS' PRIVATE OFFICES	62							2849	98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	3048	5879	2797	3283	1430	3005	5529	111011	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	35541		25
33 NURSERY	2100		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	10691		37
39 DELIVERY ROOM & LABOR ROOM	7058		39
40 ANESTHESIOLOGY	193		40
41 RADIOLOGY-DIAGNOSTIC	8063		41
44 LABORATORY	7540		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	3886		49
50 PHYSICAL THERAPY	1921		50
55 MEDICAL SUPPLIES CHARGED TO PAT	580		55
56 DRUGS CHARGED TO PATIENTS	4727		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	9603		60
61 EMERGENCY	13760		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY	1812		71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	107475		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	687		96
98 PHYSICIANS' PRIVATE OFFICES	2849		98
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	111011		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE B ENEFITS 5	ADMINISTRA TIVE & GEN ERAL 6	MAINTENANC E & REPAIR S 7	LAUNDRY & LINEN SERV ICE 9
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		2690	5420	8110	8110			5
6	ADMINISTRATIVE & GENERAL	170682		343850	514532	1967	516499		6
7	MAINTENANCE & REPAIRS	54328		109447	163775	157	15616	179548	7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE		11149	22461	33610	16	3755	5231	9
10	HOUSEKEEPING		10829	21817	32646	176	12625	5081	10
11	DIETARY		26318	53018	79336	52	5529	12349	11
12	CAFETERIA		10445	21042	31487	141	9290	4901	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		7071	14244	21315	471	25728	3318	14
15	CENTRAL SERVICES & SUPPLY		5191	10458	15649	48	3566	2436	15
16	PHARMACY		9607	19354	28961	229	14021	4508	16
17	MEDICAL RECORDS & LIBRARY		21665	43645	65310	172	13283	10166	17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								
33	ADULTS & PEDIATRICS		71160	143355	214515	1493	102928	33390	11741
	NURSERY		4223	8508	12731	221	12717	1982	1088
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		36049	72623	108672	301	24823	16915	6528
39	DELIVERY ROOM & LABOR ROOM		23154	46644	69798	310	18965	10864	3627
40	ANESTHESIOLOGY		334	674	1008		427	157	
41	RADIOLOGY-DIAGNOSTIC		25406	51182	76588	391	32963	11921	4352
44	LABORATORY		19377	39036	58413	304	47194	9092	2176
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		11895	23963	35858	210	14338	5581	2901
50	PHYSICAL THERAPY		6186	12462	18648		5927	2902	1451
55	MEDICAL SUPPLIES CHARGED TO PAT						4474		
56	DRUGS CHARGED TO PATIENTS						31596		
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		34359	69218	103577	166	22350	16122	
61	EMERGENCY		32918	66315	99233	761	61710	15446	8748
62	OBSERVATION BEDS (NON-DISTINCT								
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY					500	29247		71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS		595036	1198736	1793772	8086	513072	172362	42612
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		2249	4531	6780	24	2740	1055	
98	PHYSICIANS' PRIVATE OFFICES		13067	26324	39391		687	6131	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL		610352	1229591	1839943	8110	516499	179548	42612

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SE PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
	10	11	12	14	15	16	17	25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	50528								10
11 DIETARY	195	97461							11
12 CAFETERIA	526		46345						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	409		3164	54405					14
15 CENTRAL SERVICES & SUPPLY	205		1799		23703				15
16 PHARMACY	205		1799		87	49810			16
17 MEDICAL RECORDS & LIBRARY	205		2532		5		91673		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10996	97461	8795	24949	4496	289	77922	588975	25
33 NURSERY			1699	2765	672	7	917	34799	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5017		3499	5224	6064	159		177202	37
39 DELIVERY ROOM & LABOR ROOM	4812		2898	4721	957	38		116990	39
40 ANESTHESIOLOGY	205		1100		309	8		3214	40
41 RADIOLOGY-DIAGNOSTIC	2899		2499		503	1518		133634	41
44 LABORATORY	2899		4031		697	206		125012	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3068		1333		1103	18		64410	49
50 PHYSICAL THERAPY	1023		1799		88	4		31842	50
55 MEDICAL SUPPLIES CHARGED TO PAT					5135			9609	55
56 DRUGS CHARGED TO PATIENTS						46729		78325	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4511		7364	4838	171	91		159190	60
61 EMERGENCY	12125		1433	11908	3151	713	12834	228062	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY					265	30		30042	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	49300	97461	45744	54405	23703	49810	91673	1781306	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	205		601					11405	96
98 PHYSICIANS' PRIVATE OFFICES	1023							47232	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	50528	97461	46345	54405	23703	49810	91673	1839943	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	588975		25
33	NURSERY	34799		33
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	177202		37
39	DELIVERY ROOM & LABOR ROOM	116990		39
40	ANESTHESIOLOGY	3214		40
41	RADIOLOGY-DIAGNOSTIC	133634		41
44	LABORATORY	125012		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
49	RESPIRATORY THERAPY	64410		49
50	PHYSICAL THERAPY	31842		50
55	MEDICAL SUPPLIES CHARGED TO PAT	9609		55
56	DRUGS CHARGED TO PATIENTS	78325		56
OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	159190		60
61	EMERGENCY	228062		61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY	30042		71
SPECIAL PURPOSE COST CENTERS				
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
85.03	ISLET CELL ACQUISITION			85.03
95	SUBTOTALS	1781306		95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	11405		96
98	PHYSICIANS' PRIVATE OFFICES	47232		98
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL	1839943		103



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02  
05/27/2010 10:45

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP RE L COSTS-BL DG & FIXT SQ FEET	OLD CAP RE L COSTS-MV BLE EQUIP SQ FEET	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP SQ FEET	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST	
		1	2	3	4	5	6A	6	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT	206222							1
2	OLD CAP REL COSTS-MVBLE EQUIP		206222						2
3	NEW CAP REL COSTS-BLDG & FIXT			206222					3
4	NEW CAP REL COSTS-MVBLE EQUIP				206222				4
5	EMPLOYEE BENEFITS	909	909	909	909	23505088			5
6	ADMINISTRATIVE & GENERAL	57669	57669	57669	57669	5700977	-15503787	34458461	6
7	MAINTENANCE & REPAIRS	18356	18356	18356	18356	454545		1041851	7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE	3767	3767	3767	3767	46663		250550	9
10	HOUSEKEEPING	3659	3659	3659	3659	509760		842282	10
11	DIETARY	8892	8892	8892	8892	151261		368842	11
12	CAFETERIA	3529	3529	3529	3529	407796		619758	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	2389	2389	2389	2389	1364506		1716454	14
15	CENTRAL SERVICES & SUPPLY	1754	1754	1754	1754	138178		237935	15
16	PHARMACY	3246	3246	3246	3246	664497		935418	16
17	MEDICAL RECORDS & LIBRARY	7320	7320	7320	7320	499967		886198	17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	24043	24043	24043	24043	4326258		6866812	25
33	NURSERY	1427	1427	1427	1427	640973		848408	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12180	12180	12180	12180	872124		1656104	37
39	DELIVERY ROOM & LABOR ROOM	7823	7823	7823	7823	898305		1265283	39
40	ANESTHESIOLOGY	113	113	113	113			28458	40
41	RADIOLOGY-DIAGNOSTIC	8584	8584	8584	8584	1134354		2199176	41
44	LABORATORY	6547	6547	6547	6547	880543		3148600	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	4019	4019	4019	4019	607595		956550	49
50	PHYSICAL THERAPY	2090	2090	2090	2090	548		395417	50
55	MEDICAL SUPPLIES CHARGED TO P							298480	55
56	DRUGS CHARGED TO PATIENTS							2107919	56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	11609	11609	11609	11609	481464		1491108	60
61	EMERGENCY	11122	11122	11122	11122	2206233		4117009	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY					1448552		1951257	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	201047	201047	201047	201047	23435099	-15503787	34229869	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	760	760	760	760	69989		182782	96
98	PHYSICIANS' PRIVATE OFFICES	4415	4415	4415	4415			45810	98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	97969	13042	610352	1229591	3664152		15503787	103
104	UNIT COST MULT-WS B PT I		.063243		5.962463				104
104	UNIT COST MULT-WS B PT I	.475066		2.959684		.155888		.449927	104
105	COST TO BE ALLOC PER B PT II					489		31164	105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II					.000021		.000904	106
107	COST TO BE ALLOC PER B PT III					8110		516499	107
108	UNIT COST MULT-WS B PT III								108
108	UNIT COST MULT-WS B PT III					.000345		.014989	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS SQ FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSEKEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINISTRATION HOURS OF SERVICE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	PHARMACY COSTED REQUIS 16	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	129288								7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	3767	292515							9
10 HOUSEKEEPING	3659		43681						10
11 DIETARY	8892		169	30086					11
12 CAFETERIA	3529		455		49078				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2389		354		3351	361717			14
15 CENTRAL SERVICES & SUPPLY	1754		177		1905		1377725		15
16 PHARMACY	3246		177		1905		5086	2246929	16
17 MEDICAL RECORDS & LIBRARY	7320		177		2681		276		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	24043	80598	9506	30086	9314	165874	261362	13026	25
33 NURSERY	1427	7469			1799	18386	39038	319	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12180	44813	4337		3705	34733	352442	7162	37
39 DELIVERY ROOM & LABOR ROOM	7823	24896	4160		3069	31388	55622	1734	39
40 ANESTHESIOLOGY	113		177		1165		17952	364	40
41 RADIOLOGY-DIAGNOSTIC	8584	29876	2506		2646		29226	68495	41
44 LABORATORY	6547	14938	2506		4269		40525	9295	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4019	19917	2652		1412		64125	811	49
50 PHYSICAL THERAPY	2090	9959	884		1905		5095	173	50
55 MEDICAL SUPPLIES CHARGED TO P							298481		55
56 DRUGS CHARGED TO PATIENTS								2107918	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	11609		3900		7798	32168	9959	4111	60
61 EMERGENCY	11122	60049	10483		1518	79168	183141	32160	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY							15394	1361	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	124113	292515	42620	30086	48442	361717	1377724	2246929	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	760		177		636		1		96
98 PHYSICIANS' PRIVATE OFFICES	4415		884						98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1510608	407293	1263999	643579	953003	2591960	407596	1437833	103
104 UNIT COST MULT-WS B PT I	11.684054		28.937044		19.418130		.295847		104
104 UNIT COST MULT-WS B PT I		1.392383		21.391312		7.165712		.639910	104
105 COST TO BE ALLOC PER B PT II	10833	2571	3048	5879	2797	3283	1430	3005	105
106 UNIT COST MULT-WS B PT II	.083790		.069779		.056991		.001038		106
106 UNIT COST MULT-WS B PT II		.008789		.195407		.009076		.001337	106
107 COST TO BE ALLOC PER B PT III	179548	42612	50528	97461	46345	54405	23703	49810	107
108 UNIT COST MULT-WS B PT III	1.388745		1.156750		.944313		.017204		108
108 UNIT COST MULT-WS B PT III		.145675		3.239414		.150408		.022168	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY TIME SPENT 17	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY	33187	17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	28209	25
33	NURSERY	332	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		60
61	EMERGENCY	4646	61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	33187	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	1427713	103
104	UNIT COST MULT-WS B PT I	43.020249	104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II	5529	105
106	UNIT COST MULT-WS B PT II	.166601	106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III	91673	107
108	UNIT COST MULT-WS B PT III	2.762317	108
108	UNIT COST MULT-WS B PT III		108

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (5/1999)

VERSION: 2010.02  
 05/27/2010 10:45

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	13936849		13936849		13936849	25
33 NURSERY	1449921		1449921		1449921	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3161123		3161123		3161123	37
39 DELIVERY ROOM & LABOR ROOM	2383092		2383092		2383092	39
40 ANESTHESIOLOGY	75870		75870		75870	40
41 RADIOLOGY-DIAGNOSTIC	3506913		3506913		3506913	41
44 LABORATORY	4835884		4835884		4835884	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1585267		1585267		1585267	49
50 PHYSICAL THERAPY	675803		675803		675803	50
55 MEDICAL SUPPLIES CHARGED TO	521079		521079		521079	55
56 DRUGS CHARGED TO PATIENTS	4405206		4405206		4405206	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2797999		2797999		2797999	60
61 EMERGENCY	7357678		7357678		7357678	61
62 OBSERVATION BEDS (NON-DISTI	472055		472055		472055	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	47164739		47164739		47164739	101
102 LESS OBSERVATION BEDS	472055		472055		472055	102
103 TOTAL	46692684		46692684		46692684	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (5/1999)

VERSION: 2010.02  
 05/27/2010 10:45

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION		CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25	INPATIENT ROUTINE SERV COST CENTERS						
33	ADULTS & PEDIATRICS	11653553		11653553			25
	NURSERY	977940		977940			33
37	ANCILLARY SERVICE COST CENTERS						
39	OPERATING ROOM	2005687	2947503	4953190	.638199	.638199	.638199 37
40	DELIVERY ROOM & LABOR ROOM	1743437	385141	2128578	1.119570	1.119570	1.119570 39
41	ANESTHESIOLOGY	440086	521758	961844	.078880	.078880	.078880 40
44	RADIOLOGY-DIAGNOSTIC	2322883	9201853	11524736	.304294	.304294	.304294 41
46.30	LABORATORY	5899955	9586380	15486335	.312268	.312268	.312268 44
49	BLOOD CLOTTING FACTORS ADMI						46.30
50	RESPIRATORY THERAPY	3984110	1834464	5818574	.272449	.272449	.272449 49
55	PHYSICAL THERAPY	126447	1763863	1890310	.357509	.357509	.357509 50
56	MEDICAL SUPPLIES CHARGED TO	275291	190626	465917	1.118394	1.118394	1.118394 55
	DRUGS CHARGED TO PATIENTS	5828573	15836191	21664764	.203335	.203335	.203335 56
60	OUTPATIENT SERVICE COST CENTERS						
61	CLINIC		4610411	4610411	.606887	.606887	.606887 60
62	EMERGENCY	2591240	13242449	15833689	.464685	.464685	.464685 61
63.50	OBSERVATION BEDS (NON-DISTI	9960	332480	342440	1.378504	1.378504	1.378504 62
63.60	RHC						63.50
	FQHC						63.60
101	OTHER REIMBURSABLE COST CENTERS						
102	SUBTOTAL	37859162	60453119	98312281			101
103	LESS OBSERVATION BEDS						102
	TOTAL	37859162	60453119	98312281			103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK ( ) TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES ( ) TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS	35541		35541	588975		588975
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I	2100		2100	34799		34799
101	NURSERY	37641		37641	623774		623774
	TOTAL						

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS	14319	3591	2.48	8906	41.13	147698
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I	1159		1.81		30.03	
101	NURSERY	15478	3591		8906		147698
	TOTAL						

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0077) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	----- NEW CAPITAL ----- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10691	177202	4953190	171403	.002158	370	.035775	6132	37
39 DELIVERY ROOM & LABOR ROOM	7058	116990	2128578	6860	.003316	23	.054962	377	39
40 ANESTHESIOLOGY	193	3214	961844	32548	.000201	7	.003341	109	40
41 RADIOLOGY-DIAGNOSTIC	8063	133634	11524736	674484	.000700	472	.011595	7821	41
44 LABORATORY	7540	125012	15486335	1650566	.000487	804	.008072	13323	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	3886	64410	5818574	1075642	.000668	719	.011070	11907	49
50 PHYSICAL THERAPY	1921	31842	1890310	42652	.001016	43	.016845	718	50
55 MEDICAL SUPPLIES CHARGED TO P	580	9609	465917	244845	.001245	305	.020624	5050	55
56 DRUGS CHARGED TO PATIENTS	4727	78325	21664764	1906821	.000218	416	.003615	6893	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	9603	159190	4610411		.002083		.034528		60
61 EMERGENCY	13760	228062	15833689	507423	.000869	441	.014404	7309	61
62 OBSERVATION BEDS (NON-DISTINC	1204	19949	342440	9960	.003516	35	.058255	580	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	69226	1147439	85680788	6323204		3635		60219	101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					14319		3591	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					1159			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					15478		3591	101



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0077)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION		OUTPATIENT						TOTAL COSTS
		NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION	N/A	N/A	N/A	
		COST 1	COST 1.01	COST 2	2.01	2.02	2.03	3
37	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM							37
39	DELIVERY ROOM & LABOR ROOM							39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC							41
44	LABORATORY							44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
49	RESPIRATORY THERAPY							49
50	PHYSICAL THERAPY							50
55	MEDICAL SUPPLIES CHARGED TO P							55
56	DRUGS CHARGED TO PATIENTS							56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC							60
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	TOTAL							101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0077) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4953190			171403		294133	37
39 DELIVERY ROOM & LABOR ROOM		2128578			6860			39
40 ANESTHESIOLOGY		961844			32548		72750	40
41 RADIOLOGY-DIAGNOSTIC		11524736			674484		1204933	41
44 LABORATORY		15486335			1650566		90890	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		5818574			1075642		374845	49
50 PHYSICAL THERAPY		1890310			42652			50
55 MEDICAL SUPPLIES CHARGED TO P		465917			244845		190626	55
56 DRUGS CHARGED TO PATIENTS		21664764			1906821		4139915	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		4610411					231596	60
61 EMERGENCY		15833689			507423		707189	61
62 OBSERVATION BEDS (NON-DISTINC		342440			9960		56000	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		85680788			6323204		7362877	101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0077)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.02  
05/27/2010 10:45

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0077)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.638199	.638199	.638199			37
39 DELIVERY ROOM & LABOR ROOM	1.119570	1.119570	1.119570			39
40 ANESTHESIOLOGY	.078880	.078880	.078880			40
41 RADIOLOGY-DIAGNOSTIC	.304294	.304294	.304294			41
44 LABORATORY	.312268	.312268	.312268			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.272449	.272449	.272449			49
50 PHYSICAL THERAPY	.357509	.357509	.357509			50
55 MEDICAL SUPPLIES CHARGED TO PAT	1.118394	1.118394	1.118394			55
56 DRUGS CHARGED TO PATIENTS	.203335	.203335	.203335			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.606887	.606887	.606887			60
61 EMERGENCY	.464685	.464685	.464685			61
62 OBSERVATION BEDS (NON-DISTINCT	1.378504	1.378504	1.378504			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2 PROGRAM VACCINE CHARGES	2
2.01 PROGRAM VACCINE CHARGES	2.01
3 PROGRAM COSTS	3
3.01 PROGRAM COSTS	3.01

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0077)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-	ALL OTHER	PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	(SEE	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	OUTPATIENT
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER	DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		294133						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		72750						40
41 RADIOLOGY-DIAGNOSTIC		1204933						41
44 LABORATORY		90890						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		374845						49
50 PHYSICAL THERAPY								50
55 MEDICAL SUPPLIES CHARGED TO PA		190626						55
56 DRUGS CHARGED TO PATIENTS		4139915						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		231596						60
61 EMERGENCY		707189						61
62 OBSERVATION BEDS (NON-DISTINCT		56000						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		7362877						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7362877						104

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P  
 APPLICABLE [XX] TITLE XVIII-PT B  
 BOXES [ ] TITLE XIX - O/P

[XX] HOSPITAL (14-0077)  
 [ ] SUB I  
 [ ] SUB II  
 [ ] SUB III  
 [ ] SUB IV

[ ] SNF  
 [ ] NF  
 [ ] S/B-SNF  
 [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		187715					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		5739					40
41 RADIOLOGY-DIAGNOSTIC		366654					41
44 LABORATORY		28382					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		102126					49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO PAT		213195					55
56 DRUGS CHARGED TO PATIENTS		841790					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		140553					60
61 EMERGENCY		328620					61
62 OBSERVATION BEDS (NON-DISTINCT		77196					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		2291970					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2291970					104

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	14319						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14319						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14319						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3591						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13936849						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13936849						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11653553						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11653553						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.195931						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	813.85						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	13936849						37



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	973.31					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3495156					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3495156					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2059680					48
49	TOTAL PROGRAM INPATIENT COSTS	5554836					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	156604					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	63854					51
52	TOTAL PROGRAM EXCLUDABLE COST	220458					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5334378					53

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PFS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS  
72 PER DIEM CAPITAL RELATED COSTS  
73 PROGRAM CAPITAL RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (14-0077)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	485	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	973.31	84
85 OBSERVATION BED COST	472055	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	35541	13936849	.002550	472055	1204	86
87 NEW CAPITAL-RELATED COST	588975	13936849	.042260	472055	19949	87
88 NON PHYSICIAN ANESTHETIST		13936849		472055		88
89 MEDICAL EDUCATION		13936849		472055		89

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
 05/27/2010 10:45

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0077)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 INPATIENT ROUTINE SERVICE COST CENTERS				25
ADULTS & PEDIATRICS		3273580		
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.638199	171403	109389	37
39 DELIVERY ROOM & LABOR ROOM	1.119570	6860	7680	39
40 ANESTHESIOLOGY	.078880	32548	2567	40
41 RADIOLOGY-DIAGNOSTIC	.304294	674484	205241	41
44 LABORATORY	.312268	1650566	515419	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.272449	1075642	293058	49
50 PHYSICAL THERAPY	.357509	42652	15248	50
55 MEDICAL SUPPLIES CHARGED TO PAT	1.118394	244845	273833	55
56 DRUGS CHARGED TO PATIENTS	.203335	1906821	387723	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.606887			60
61 EMERGENCY	.464685	507423	235792	61
62 OBSERVATION BEDS (NON-DISTINCT	1.378504	9960	13730	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6323204	2059680	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6323204		103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
05/27/2010 10:45

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2796552					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	932184					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	43008					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	133.33					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3, PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	RES. IN INIT YRS				3.17

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	5598079					6
7						7
7.01						7.01
8	5598079					8
9	353826					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	5951905					16
17	7949					17
18	5943956					18
19	484696					19
20	34733					20
21	433456					21
21.01	303419					21.01
21.02						21.02
22	5727946					22

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
05/27/2010 10:45

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	5727946				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	5749287				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	-173332				28.01
29	BALANCE DUE PROVIDER (PROGRAM)	151991				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
05/27/2010 10:45

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	HOSPITAL (14-0077) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2291970			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1668120			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	1668120			17.01

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02  
05/27/2010 10:45

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	HOSPITAL (14-0077) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	382909		18.01
LINE 17.01			
19 SUBTOTAL	1285211		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1285211		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1285211		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	245466		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	171826		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	1457037		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	1457037		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1285211		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	171826		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
05/27/2010 14:28

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
HOSPITAL (14-0077)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5749287		1285211
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.04
	TO .05			3.05
	PROVIDER .50	08/21/2009		3.50
	TO .51	12/04/2009		3.51
	PROGRAM .52			3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99	-173332		3.99
4 TOTAL INTERIM PAYMENTS		5575955		1285211
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	151991		171826
	PROVIDER TO .02			6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		5727946		1457037

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1869823			1
2 TEMPORARY INVESTMENTS	509387			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	7318291			4
5 OTHER RECEIVABLES	2362122			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2254718			6
7 INVENTORY				7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	1607305			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	11412210			11
FIXED ASSETS				
12 LAND	2192647			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1122806			13
13.01 ACCUMULATED DEPRECIATION	-1012521			13.01
14 BUILDINGS	37431862			14
14.01 ACCUMULATED DEPRECIATION	-32397015			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	25904397			18
18.01 ACCUMULATED DEPRECIATION	-18663035			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	14579141			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	2579848			25
26 TOTAL OTHER ASSETS	2579848			26
27 TOTAL ASSETS	28571199			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1650703			28
29 SALARIES, WAGES & FEES PAYABLE	2026740			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	839618			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	670804			35
36 TOTAL CURRENT LIABILITIES	5187865			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	1208621			37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	4945880			41
42 TOTAL LONG TERM LIABILITIES	6154501			42
43 TOTAL LIABILITIES	11342366			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	17228833			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	17228833			51
52 TOTAL LIABILITIES AND FUND BALANCES	28571199			52

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
05/27/2010 10:45

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	16289247			1
2 NET INCOME (LOSS)	-582111			2
3 TOTAL	15707136			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN VALUE OF BENEFICIAL INT	-144561			5
6 TRANSFERS	1666258			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1521697			10
11 SUBTOTAL	17228833			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD	17228833			19
PER BALANCE SHEET				

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	12641453		12641453	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	12641453		12641453	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12641453		12641453	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	25230097		25230097	18
18.50 ANCILLARY SERVICES		63179303	63179303	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	37871550	63179303	101050853	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		57217962	26
27 PROVISION FOR BAD DEBTS	3680732		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3680732	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		60898694	40

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	101050853	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	41933126	2
3	NET PATIENT REVENUES	59117727	3
4	LESS - TOTAL OPERATING EXPENSES	60898694	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1780967	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	18073	6
7	INCOME FROM INVESTMENTS	101826	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1643	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	181227	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	28581	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6414	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	96808	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	248439	23
24	MISCELLANEOUS	499903	24
24.01	RELATED PARTY - SIHF	15942	24.01
25	TOTAL OTHER INCOME	1198856	25
26	TOTAL	-582111	26
27	TRANSFER TO AFFILIATE		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-582111	31

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
GENERAL SERVICE COST CENTER							1
1 CAPITAL RELATED-BLDG & FIXTURES							2
2 CAPITAL RELATED-MOVABLE EQUIPMENT							3
3 PLANT OPERATION & MAINTENANCE							4
4 TRANSPORTATION							5
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	307435		25629		199932	532996	6
6 SKILLED NURSING CARE	735763		33241			769004	7
7 PHYSICAL THERAPY	177150		6615			183765	8
8 OCCUPATIONAL THERAPY	38675		1543			40218	9
9 SPEECH PATHOLOGY	8611		272			8883	10
10 MEDICAL SOCIAL SERVICES	180918		9557			190475	11
11 HOME HEALTH AIDE							12
12 SUPPLIES							13
13 DRUGS							13.20
13.20 COST OF ADMINISTERING VACCINES							14
14 DME							15
HHA NONREIMBURSABLE SERVICES							16
15 HOME DIALYSIS AIDE SERVICES							17
16 RESPIRATORY THERAPY							18
17 PRIVATE DUTY NURSING							19
18 CLINIC							20
19 HEALTH PROMOTION ACTIVITIES							21
20 DAY CARE PROGRAM							22
21 HOME DELIVERED MEALS PROGRAM							23
22 HOMEMAKER SERVICE							23.50
23 ALL OTHERS							24
23.50 TELEMEDICINE							
24 TOTAL	1448552		76857		199932	1725341	



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	104	533100		533100	5
6		769004		769004	6
7		183765		183765	7
8		40218		40218	8
9		8883		8883	9
10		190475		190475	10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	104	1725445		1725445	24

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7315

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDG & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION									4
5 ADMINISTRATIVE AND GENERAL	533100					533100	533100		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	769004					769004	343822	1112826	6
7 PHYSICAL THERAPY	183765					183765	82162	265927	7
8 OCCUPATIONAL THERAPY	40218					40218	17982	58200	8
9 SPEECH PATHOLOGY	8883					8883	3972	12855	9
10 MEDICAL SOCIAL SERVICES	190475					190475	85162	275637	10
11 HOME HEALTH AIDE									11
12 SUPPLIES									12
13 DRUGS									13
13.20 COST OF ADMINISTERING VACCINES									13.20
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE									23.50
24 TOTAL	1725445					1725445		1725445	24

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

COST ALLOCATION - RHA STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL					-533100	1192345	5
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE						769004	6
7 PHYSICAL THERAPY						183765	7
8 OCCUPATIONAL THERAPY						40218	8
9 SPEECH PATHOLOGY						8883	9
10 MEDICAL SOCIAL SERVICES						190475	10
11 HOME HEALTH AIDE							11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-533100	1192345	24
25 COST TO BE ALLOC (PER W/S H)						533100	25
26 UNIT COST MULTIPLIER						.447102	26

VERSION: 2010.02  
05/27/2010 10:45

VERSION: 2010.02  
05/27/2010 10:45

WORKSHEET H-5  
PART I

HHA COST CENTER		MAINTENANC E & REPAIR OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		7	8	9	10	11	12	13 14
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
9.20	COST OF ADMINISTERING VACC							9.20
10	DME							10
11	HOME DIALYSIS AIDE SERVICE							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIE							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGR							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS							20
21	UNIT COST MULTIPLIER							21



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7315

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		74913		74913			1
2 SKILLED NURSING CARE		1779818		1779818	48314	1828132	2
3 PHYSICAL THERAPY		425616		425616	11553	437169	3
4 OCCUPATIONAL THERAPY		93127		93127	2528	95655	4
5 SPEECH PATHOLOGY		20585		20585	559	21144	5
6 MEDICAL SOCIAL SERVICES		440546		440546	11959	452505	6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		2834605		2834605	74913	2834605	20
21 UNIT COST MULTIPLIER					.027145		21





PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERV NG ICE	HOUSEKEEPI NG	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING AD MINISTRATI ON HOURS OF SERVICE	CENTRAL SE RVICES & S UPPLY COSTED REQUIS		
	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	HOURS OF SERVICE	COSTED REQUIS		
	8	9	10	11	12	13	14	15		
1 ADMINISTRATIVE AND GENERAL									15394	1
2 SKILLED NURSING CARE										2
3 PHYSICAL THERAPY										3
4 OCCUPATIONAL THERAPY										4
5 SPEECH PATHOLOGY										5
6 MEDICAL SOCIAL SERVICES										6
7 HOME HEALTH AIDE										7
8 SUPPLIES										8
9 DRUGS										9
9.20 COST OF ADMINISTERING VACC										9.20
10 DME										10
11 HOME DIALYSIS AIDE SERVICE										11
12 RESPIRATORY THERAPY										12
13 PRIVATE DUTY NURSING										13
14 CLINIC										14
15 HEALTH PROMOTION ACTIVITIE										15
16 DAY CARE PROGRAM										16
17 HOME DELIVERED MEALS PROGR										17
18 HOMEMAKER SERVICE										18
19 ALL OTHERS										19
19.50 TELEMEDICINE										19.50
20 TOTALS									15394	20
21 TOTAL COST TO BE ALLOCATED									4554	21
22 UNIT COST MULTIPLIER										22
22 UNIT COST MULTIPLIER									.295830	22

VERSION: 2010.02  
05/27/2010 10:45

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02  
 05/27/2010 10:45

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR  
 THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	1828132		1828132	13826	132.22	1
2	PHYSICAL THERAPY	3	437169		437169	3927	111.32	2
3	OCCUPATIONAL THERAPY	4	95655		95655	868	110.20	3
4	SPEECH PATHOLOGY	5	21144		21144	167	126.61	4
5	MEDICAL SOCIAL SERV	6	452505		452505	125	3620.04	5
6	HOME HEALTH AIDE SERV	7						6
7	TOTAL		2834605		2834605	18913		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8				10064		15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

VERSION: 2010.02  
05/27/2010 10:45

WORKSHEET H-6  
PARTS I & II  
(CONTINUED)

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES		PART A		PART A		
1	SKILLED NURSING CARE	6	7	9	10	12
2	PHYSICAL THERAPY	1625	1525	214858	201636	416494
3	OCCUPATIONAL THERAPY	989	1146	110095	127573	237668
4	SPEECH PATHOLOGY	238	188	26228	20718	46946
5	MEDICAL SOCIAL SERV	60	10	7597	1266	8863
6	HOME HEALTH AIDE SERV	48	49	173762	177382	351144
7	TOTAL	2960	2918	532540	528575	1061115
LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES		PART A		PART A		
8	SKILLED NURSING CARE	6	7	9	10	12
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERV					
13	HOME HEALTH AIDE SERV					
14	TOTAL					
SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES		COST OF SERVICES		TOTAL PROGRAM COST
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		
		FEE	NOT	FEE	NOT	
OTHER PATIENT SERVICES		PART A	REIMBURSED	PART A	REIMBURSED	
15	COST OF MEDICAL SUPPLIES	6	7	9	10	11
16	COST OF DRUGS	5405	4659			
16.20	COST OF ADMINISTERING VA		7.01		10.01	
			8			

VERSION: 2010.02  
05/27/2010 10:45

WORKSHEET H-6  
PARTS II & III

WORKSHEET H-6  
PARTS II & III

PART II - APPORTIONMENT OF COST OF WHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.357509			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	1.118394			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.203335			COL 2, LINE 16	5

## PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

FROM PART I			PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
COL. 5			PROGRAM VISITS		PROGRAM COST		PROGRAM
		COST	PRIOR TO	FROM 1/1/98	PRIOR TO	FROM 1/1/98	VISITS ON OR
		PER VISIT	1/1/98	THRU 12/31/98	1/1/98	THRU 12/31/98	AFTER 1/1/99
			2.01	3	3.01	4	5
1	PHYSICAL THERAPY	111.32					
2	OCCUPATIONAL THERAPY	110.20					
3	SPEECH PATHOLOGY	126.61					
4	TOTAL						

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/1999)

VERSION: 2010.02  
05/27/2010 10:45

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7315

WORKSHEET H-7  
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B ----- NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES				2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES				6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	432526	478591	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	11516	1598	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4194	5585	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES		971	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2408	258	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	450644	487003	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	450644	487003	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	450644	487003	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	450644	487003	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	450644	487003	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	450644	487003	24
25 TOTAL INTERIM PAYMENTS	450644	487003	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
05/27/2010 10:45

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7315

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		450644		487003
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		450644		487003
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		450644		487003
NAME OF INTERMEDIARY: _____				
INTERMEDIARY NUMBER: _____				
SIGNATURE OF AUTHORIZED PERSON: _____				
DATE (MO/DAY/YR): _____				

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

HOSPITAL (14-0077)	HOSPITAL (14-0077)	SUB I	SUB II	SUB III
1	1.01			

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		1
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	305287	2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997		3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	304	3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18] [E,PT A, LN.3.17]{x E-3,PT VI, LN.1}		4
4.01	NO. OF INTERNS & RESIDENTS	0.00	4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE		4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT		4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.2284	5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.4960	5.01
5.02	SUM OF LINES 5 AND 5.01	0.7244	5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1580	5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	48235	5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	353826	6

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	1
2	OLD CAPITAL	2
3	TOTAL CAPITAL	3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL	4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	6
7	REDUCED OLD CAPITAL AMOUNT	7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	8
9	SUBTOTAL	9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)	10

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	2
3	TOTAL INPATIENT PROGRAM CAPITAL	3
4	CAPITAL COST PAYMENT FACTOR	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST	5

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	2
3	NET PROGRAM INPATIENT CAPITAL COSTS	3
4	APPLICABLE EXCEPTION PERCENTAGE	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	7
8	CAPITAL MINIMUM PAYMENT LEVEL	8
9	CURRENT YEAR CAPITAL PAYMENTS	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS	12
13	CURRENT YEAR EXCEPTION PAYMENT	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	17



PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02  
 05/27/2010 10:45

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION		EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES						22
23	I&R SERVICES-OTHER PRGM COSTS						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
85.03	ISLET CELL ACQUISITION						85.03
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96
98	PHYSICIANS' PRIVATE OFFICES						98
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM VERSION: 2010.02  
 CMS-2552-96 - SUMMARY REPORT 97 05/27/2010 10:45

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	25.08						25.08 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	3.46	5.94					9.40 37
39 DELIVERY ROOM & LABOR ROOM	0.32						0.32 39
40 ANESTHESIOLOGY	3.38	7.56					10.94 40
41 RADIOLOGY-DIAGNOSTIC	5.85	10.46					16.31 41
44 LABORATORY	10.66	0.59					11.25 44
49 RESPIRATORY THERAPY	18.49	6.44					24.93 49
50 PHYSICAL THERAPY	2.26						2.26 50
55 MEDICAL SUPPLIES CHARGED TO PAT	52.55	40.91					93.46 55
56 DRUGS CHARGED TO PATIENTS	8.80	19.11					27.91 56
60 CLINIC		5.02					5.02 60
61 EMERGENCY	3.20	4.47					7.67 61
62 OBSERVATION BEDS (NON-DISTINCT	2.91	16.35					19.26 62
101 TOTAL CHARGES	6.43	7.49					13.92 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	97969	.20	-97969	-.39		1
2	OLD CAP REL COSTS-MVBLE EQUIP	13042	.03	-13042	-.05		2
3	NEW CAP REL COSTS-BLDG & FIXT	610352	1.22	-610352	-2.40		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1229591	2.46	-1229591	-4.84		4
5	EMPLOYEE BENEFITS	3655553	7.32	-3655553	-14.38		5
6	ADMINISTRATIVE & GENERAL	14069501	28.16	-14069501	-55.36		6
7	MAINTENANCE & REPAIRS	797337	1.60	-797337	-3.14		7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE	207638	.42	-207638	-.82		9
10	HOUSEKEEPING	728202	1.46	-728202	-2.87		10
11	DIETARY	261140	.52	-261140	-1.03		11
12	CAFETERIA	522800	1.05	-522800	-2.06		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1481143	2.96	-1481143	-5.83		14
15	CENTRAL SERVICES & SUPPLY	199802	.40	-199802	-.79		15
16	PHARMACY	801123	1.60	-801123	-3.15		16
17	MEDICAL RECORDS & LIBRARY	739009	1.48	-739009	-2.91		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	5964942	11.94	7971907	31.37	13936849	27.89
33	NURSERY	734989	1.47	714932	2.81	1449921	2.90
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1404922	2.81	1756201	6.91	3161123	6.33
39	DELIVERY ROOM & LABOR ROOM	1051239	2.10	1331853	5.24	2383092	4.77
40	ANESTHESIOLOGY	27389	.05	48481	.19	75870	.15
41	RADIOLOGY-DIAGNOSTIC	1941135	3.89	1565778	6.16	3506913	7.02
44	LABORATORY	2949397	5.90	1886487	7.42	4835884	9.68
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	823812	1.65	761455	3.00	1585267	3.17
50	PHYSICAL THERAPY	375559	.75	300244	1.18	675803	1.35
55	MEDICAL SUPPLIES CHARGED TO PAT	298480	.60	222599	.88	521079	1.04
56	DRUGS CHARGED TO PATIENTS	2107919	4.22	2297287	9.04	4405206	8.82
60	CLINIC	1306228	2.61	1491771	5.87	2797999	5.60
61	EMERGENCY	3667864	7.34	3689814	14.52	7357678	14.73
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 CMS-2552-96 - SUMMARY REPORT 98

VERSION: 2010.02  
 05/27/2010 10:45

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	1725445	3.45	1109160	4.36	2834605	5.67	71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	164683	.33	126690	.50	291373	.58	96
98	PHYSICIANS' PRIVATE OFFICES	4043	.01	139543	.55	143586	.29	98
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	49962248	100.00	0	.00	49962248	100.00	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

VERSION: 2010.02  
 05/27/2010

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	187893	4953190	.037933	171403	6502	37
39 DELIVERY ROOM & LABOR ROOM	124048	2128578	.058278	6860	400	39
40 ANESTHESIOLOGY	3407	961844	.003542	32548	116	40
41 RADIOLOGY-DIAGNOSTIC	141697	11524736	.012295	674484	8293	41
44 LABORATORY	132552	15486335	.008559	1650566	14127	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	68296	5818574	.011738	1075642	12626	49
50 PHYSICAL THERAPY	33763	1890310	.017861	42652	761	50
55 MEDICAL SUPPLIES CHARGED TO PAT	10189	465917	.021869	244845	5355	55
56 DRUGS CHARGED TO PATIENTS	83052	21664764	.003833	1906821	7309	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	168793	4610411	.036611			60
61 EMERGENCY	241822	15833689	.015273	507423	7750	61
62 OBSERVATION BEDS (NON-DISTINCT	21153	342440	.061771	9960	615	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1216665	85680788		6323204	63854	101

VERSION: 2010.02  
05/27/2010

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	156604
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	63854
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	220458
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	756
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	3591
PER DISCHARGE CAPITAL COSTS	291.61
PER DIEM CAPITAL COSTS	61.39

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	5334378
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	9596784
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.556

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	220458
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2291970
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7362877
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.311